

**FIRM PERMIT
TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION**
Connecticut State Board of Accountancy Form SBA-6
(SBA6.DOC) (Rev. 7/05)

Check No. _____	For Board use only!
Transaction Date _____	
Amount Received _____	
ID No. _____	

1. APPLICATION TYPE <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REINSTATEMENT APPLICATION <input type="checkbox"/> TERMINATE THE PERMIT FOR PREDECESSOR FIRM NAME _____ PERMIT NO. _____																																																							
2. PROVIDE THE FIRM NAME AND PRIMARY OFFICE ADDRESS <div style="display: flex; justify-content: space-between;"> <div> Person in Charge /Sole Proprietor PH No.() - FAX No.() - </div> <div> CT CPA Lic. No. _____ </div> </div>	3. FORM OF PRACTICE , CHECK THE APPROPRIATE BLOCK <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Sole Proprietor																																																						
4. FEE CHECK THE APPROPRIATE BLOCK AND PROVIDE THE \$75.00 FEE IF APPLICABLE <input type="checkbox"/> The above named firm is comprised of <i>more than one person</i> who holds a CPA Certificate or PA Authority, the \$75.00 renewal fee is enclosed. <input type="checkbox"/> The above named firm is comprised of <i>not more than one person</i> who holds a CPA Certificate or PA Authority, no fee is required. Method of Payment: <input type="checkbox"/> Check enclosed, payable to: Treasurer, State of Connecticut (Check, Money Order, or Cashier's Checks are the only acceptable methods of payment at this time.)																																																							
5. PROVIDE THE OTHER JURISDICTIONS IN WHICH THE FIRM IS PRACTICING PUBLIC ACCOUNTANCY, CHECK ALL THAT APPLY <table border="0"> <tr> <td><input type="checkbox"/> Alabama</td> <td><input type="checkbox"/> Alaska</td> <td><input type="checkbox"/> Arizona</td> <td><input type="checkbox"/> Arkansas</td> <td><input type="checkbox"/> California</td> <td><input type="checkbox"/> Colorado</td> <td><input type="checkbox"/> Delaware</td> <td><input type="checkbox"/> Guam</td> <td><input type="checkbox"/> Florida</td> </tr> <tr> <td><input type="checkbox"/> Georgia</td> <td><input type="checkbox"/> Hawaii</td> <td><input type="checkbox"/> Idaho</td> <td><input type="checkbox"/> Illinois</td> <td><input type="checkbox"/> Indiana</td> <td><input type="checkbox"/> Iowa</td> <td><input type="checkbox"/> Kansas</td> <td><input type="checkbox"/> Kentucky</td> <td><input type="checkbox"/> Louisiana</td> </tr> <tr> <td><input type="checkbox"/> Maine</td> <td><input type="checkbox"/> Maryland</td> <td><input type="checkbox"/> Massachusetts</td> <td><input type="checkbox"/> Michigan</td> <td><input type="checkbox"/> Minnesota</td> <td><input type="checkbox"/> Mississippi</td> <td><input type="checkbox"/> Missouri</td> <td><input type="checkbox"/> Montana</td> <td><input type="checkbox"/> Nebraska</td> </tr> <tr> <td><input type="checkbox"/> Nevada</td> <td><input type="checkbox"/> New Hampshire</td> <td><input type="checkbox"/> New Jersey</td> <td><input type="checkbox"/> New Mexico</td> <td><input type="checkbox"/> New York</td> <td><input type="checkbox"/> North Carolina</td> <td><input type="checkbox"/> North Dakota</td> <td><input type="checkbox"/> Ohio</td> <td><input type="checkbox"/> Oklahoma</td> </tr> <tr> <td><input type="checkbox"/> Oregon</td> <td><input type="checkbox"/> Pennsylvania</td> <td><input type="checkbox"/> Rhode Island</td> <td><input type="checkbox"/> South Carolina</td> <td><input type="checkbox"/> South Dakota</td> <td><input type="checkbox"/> Tennessee</td> <td><input type="checkbox"/> Texas</td> <td><input type="checkbox"/> Utah</td> <td><input type="checkbox"/> Vermont</td> </tr> <tr> <td><input type="checkbox"/> Virginia</td> <td><input type="checkbox"/> Washington</td> <td><input type="checkbox"/> West Virginia</td> <td><input type="checkbox"/> Wisconsin</td> <td><input type="checkbox"/> Wyoming</td> <td><input type="checkbox"/> Puerto Rico</td> <td><input type="checkbox"/> US Virgin Is.</td> <td><input type="checkbox"/> Washington DC</td> <td></td> </tr> </table>		<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Delaware	<input type="checkbox"/> Guam	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> US Virgin Is.	<input type="checkbox"/> Washington DC	
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6. PLEASE LIST EACH CONNECTICUT OFFICE AND PROVIDE THE NAME AND LICENSE NUMBER OF THE INDIVIDUAL IN CHARGE (Please attach separate sheet if necessary) <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Office address Individual in charge: _____ Lic No _____ PH No.() - FAX No.() - </td> <td style="width: 50%; vertical-align: top;"> Office address Individual in charge: _____ Lic No _____ PH No.() - FAX No.() - </td> </tr> </table>		Office address Individual in charge: _____ Lic No _____ PH No.() - FAX No.() -	Office address Individual in charge: _____ Lic No _____ PH No.() - FAX No.() -																																																				
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7. PLEASE LIST ALL PARTNERS AND SHAREHOLDERS OF THE FIRM WHO WORK IN CONNECTICUT (Please attach separate sheet if necessary) <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Name of Partners or Shareholders</th> <th style="width: 10%;">CT Lic. No.</th> <th style="width: 40%;">Name of Partners or Shareholders</th> <th style="width: 10%;">CT Lic. No.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name of Partners or Shareholders	CT Lic. No.	Name of Partners or Shareholders	CT Lic. No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																																						
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8. SIGN & DATE I hereby certify that the information on this form is correct and the statements made herein are true and complete. <div style="display: flex; justify-content: space-between;"> <div>Signature of sole proprietor, managing partner or officer _____</div> <div>Date _____</div> </div>	THIS SPACE FOR BOARD USE ONLY! Date approved _____ Permit No. _____ Peer Review Date _____																																																						

FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet. Mail completed forms to the **State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477**. If you have any questions please call **(860) 509-6179**.

All applications for a Firm Permit to Practice will be placed on the next available Board meeting agenda for approval (the board typically meets monthly). The Firm Permit to Practice is valid for the remainder of the calendar year in which it is granted (Jan. 1, - Dec 31,). A renewal application form will be mailed to the primary office address in early December, this form and any fee due must be returned by December 31st. Connecticut also requires a firm to undergo a Quality Review as a condition of renewal of a firm permit to practice.

1. Application Type

- Please check the appropriate boxes
- A new Firm Permit to Practice Public Accountancy must be applied for when the Firm name changes and/or the form of practice changes.
- If the new firm is replacing an existing firm please check the block to terminate the predecessor firm.

2. Firm Name and Primary Office address

- Please provide the Firm name exactly how you wish it to appear on the Firm Permit to Practice and also provide the primary office address. Trade names are permitted in Connecticut. A licensee shall not practice public accountancy under a firm name that is misleading. The names of one or more past partner, shareholder, or member may be included in the firm name of a successor (or surviving ?) partnership, corporation, or limited liability company.
- Please provide the name and the Connecticut CPA or PA license number of the person in charge or the sole proprietor. Connecticut does not require a Connecticut office, but it is mandatory for the sole proprietor or at least one partner or shareholder of an out of state firm receive and maintain a Connecticut CPA license.
- If the individual CPA license is being applied for simultaneously, please write *application pending* in the space provided.
- Please provide the Firm's telephone and fax numbers.

3. Form of Practice

- Please check the appropriate box. If the form of practice changes a new Firm Permit to Practice must be applied for.

4. Fee

- Determine whether payment of the \$75.00 fee is appropriate and check the corresponding box. If the firm is comprised of more than one person who holds a CPA Certificate or PA Authority (including staff), regardless of whether they work in Connecticut or not, the fee is due. If the firm is comprised of not more than one person who holds a CPA Certificate or PA Authority no fee is required.

5. Other Jurisdictions

- Check the appropriate block for all jurisdictions that the firm is or will be practicing public accountancy.

6. Connecticut Offices

- Provide the address of each office in Connecticut.
- Provide the name and Connecticut CPA or PA license number of the person in charge of the office. All persons in charge of a Connecticut office must hold a Connecticut individual CPA or PA license.
- Holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the number or location of offices in Connecticut.
- Please attach a separate sheet if necessary.

7. Partners and Shareholders

- List the name and Connecticut individual CPA or PA license number of the partners or shareholders working in Connecticut. All proprietors, partners or shareholders of a Firm working in Connecticut must hold a Connecticut individual CPA or PA license.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the identities of any partners or shareholders working in Connecticut.
- If the individual CPA license is being applied for simultaneously, please write *application pending* in the space provided.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any other jurisdiction denies, revokes or suspends an individual listed in this section.

8. Sign & Date

- The sole proprietor, managing partner or the appropriate officer must sign and date the application.